

FORM III

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
Clinical Supervision Plan

*****Be sure to complete ALL portions of this form. Do not submit if incomplete.*****

Please provide the information requested below and submit this form with a copy of the supervisee's Job Description.

I. Supervisee Information (LMSW)

Name: _____ License Category and Number: _____
Business Phone: _____
Email Address: _____

II. Board-approved Supervisor Information (LCSW)

Name: _____ License Category and Number: _____
Business Phone: _____
Email Address: _____

III. Clinical Supervision Schedule

Practice Location Name _____

Practice Location Address _____

Will supervised experience be accrued at multiple locations? Yes ☐ No ☐ (If yes include a separate list of site names and addresses)

Beginning Date of Supervision: ____/____/____ (MM/DD/YYYY) **Supervision may begin up to 30 days before the plan is submitted for approval. The board office shall approve a start date no more than 30 days prior to the board's receipt of the plan. If board-approval is not granted, no experience credit can be gained.**

Supervision Format: ☐ Individual ☐ Combination of Individual and Group

The following statements must be initialed by the supervisor:

_____ Pursuant to §781.404(b)(12)(D) through my guidance the supervisee will maintain client confidentiality by following the appropriate statutes, rules and guidelines (including HIPPA and any other applicable laws).

_____ Pursuant to §781.404(b)(12)(D) the strategies and methods of supervision I employ will be formulated to meet the professional growth needs of the supervisee.

_____ Pursuant to §781.404(b)(11)(A) I will keep legible, accurate, complete, signed supervision notes indicating the content, duration and date of supervision as well as the hours worked by the supervisee.

Continued on next page

IV. Attachments to Include

- ☐ Official Job Description on agency letterhead (Official job description must reflect that duties are clinical as defined in applicable rules)
- ☐ If supervision of agency-based clients is done with a supervisor who practices outside of the employment setting and is not under contract with the employer to provide supervision, a letter from the employer on letterhead approving the outside supervision with the specific supervisor must be attached.

V. Affidavit of Understanding and Signatures

I hereby certify that I have reviewed Chapter 781 of the Texas Administrative Code and am familiar with the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

I am aware that the Texas Health and Human Services Commission will conduct random audits to ensure compliance with supervision requirements.

A photocopy of this submission has been provided to the supervisee.

A photocopy of this submission has been placed in the supervision file maintained by the supervisor.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be gained.)**

Supervisee Signature _____ Date _____
Supervisee Name _____
Printed _____

Supervisor Signature _____ Date _____
Supervisor Name _____
Printed _____

Submit to:

Texas State Board of Social Worker Examiners
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
Or
lswhhsc.state.tx.us

Keep This Page for Reference

Overview of some important supervision requirements:

- Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions. There can be no more than six individuals in a supervision group.
- There shall be:
 - (i) no fewer than four hours of supervision each calendar month;
 - (ii) no fewer than two supervisory sessions each calendar month;
 - (iii) each supervisory session shall be face-to-face and at least one hour in duration (unless there is prior approval by the board for a variation);
 - (iv) no more than 10 hours of supervision during an calendar month.
- A calendar month is creditable *only if* the supervision began no later than the first work day of the month and ended no sooner than the last calendar day of the month.

Important information:

- Submission of a Clinical Supervision Plan and form does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Clinical Supervision Plan and form *must be submitted* to the board for approval for *each supervisor providing supervision*. Similarly, upon cessation of supervision, a separate Clinical Supervision Verification Form must be submitted for each board-approved Clinical Supervision Plan in effect.
- Submission of a Clinical Supervision Verification Form does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification Form must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- If the board approves the Clinical Supervision Plan, the supervisor and supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.
- **The board will conduct random audits of supervision plans to ensure compliance to supervision rules.**



PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review